

DEPARTMENT OF THE NAVY COMMANDER, NAVAL SURFACE FORCES 2841 RENDOVA ROAD SAN DIEGO, CALIFORNIA 92155-5490

IN REPLY REFER TO

COMNAVSURFORINST 6100.1 N01M 25 Aug 05

COMNAVSURFOR INSTRUCTION 6100.1

From: Commander, Naval Surface Forces

Subj: FORCE COMMANDER ANNUAL HEALTH PROMOTION UNIT AWARD

(GREEN "H")

Encl: (1) COMNAVSURFOR Green "H" Nomination Form

- 1. <u>Purpose</u>. To enhance battle readiness by promoting the health, fitness, and mental well being of the active duty Sailors assigned to the Naval Surface Forces (SURFOR); to encourage participation in health promotion initiatives; and to provide formal recognition to SURFOR units that have excelled in establishing and promoting a command conducive to health promotion.
- 2. <u>Cancellation</u>. COMNAVSURFLANTINST 6100.2B/COMNAVSURFPACINST 6100.1B.
- 3. <u>Background</u>. Approximately 65 percent of all premature deaths and illnesses in the United States are the result of unhealthy lifestyle habits, including poor diet, lack of exercise, tobacco use, alcohol abuse, and unmanaged stress. Avoidable injuries, especially to the lower back, and uncontrolled hypertension (high blood pressure) also adversely affect health. Positive changes in lifestyle and behavior can result in better health, enhanced quality of life, and improved military readiness.
- 4. <u>Eligibility</u>. All SURFOR units are eligible for award of the Force Commander Annual Health Promotion Unit Award (Green "H").
- 5. <u>Awarding Period</u>. The qualifying period for this award will be from 1 January to 31 December of each year.
- 6. <u>Action</u>. The following procedures outline the nominating process:
- a. <u>Commanding Officer</u>. Submit a Force Commander Annual Health Promotion Unit Award nomination application, enclosure (1), by 1 January of each year to their respective Immediate Superior in Command (ISIC). Although units need not have all of

the surveyed programs in place to qualify for the subject award, all questions in enclosure (1) need to be addressed.

- b. <u>ISICs</u>. Nominations will be reviewed and endorsed by the ISIC and forwarded to COMNAVSURFOR to arrive no later than 31 January. Ensure appropriate ceremony and delivery of Force Commander Annual Health Promotion Unit Awards to units within their respective areas of responsibility.
- c. Commander, Naval Surface Force, U.S. Atlantic Fleet/U.S. Pacific Fleet
- (1) Appoint a board chaired by the Force Medical Officer including appropriate wellness and health promotion subject matter experts to evaluate all nomination applications received and recommend to the Force Commander qualifying candidates for the Force Commander Annual Health Promotion Unit Award.
- (2) Publish message by 1 March annually announcing winners of the Green "H" for the previous year.
- (3) Publish message by 1 April annually containing the board's precepts for that year's award.
- 7. Units receiving the Force Commander Annual Health Promotion Unit Award are authorized upon receipt of the award to paint a green "H" on their bridge wing and shall be the same dimensions as the Command Excellence Awards 20 inches in length by 25 inches in height, no shadow. Shore commands are encouraged to display a green "H" in a prominent place at their command headquarters. Sequential award winners are authorized to paint a new green hash mark beneath the green "H." Those commands awarded the green "H" five consecutive times are authorized to paint a green star above the green "H." Previous winners who did not qualify for this year's award must remove their green "H."

//Signed//
P. H. GREENE, JR.
Chief of Staff

Distribution:

Electronic only via COMNAVSURFOR Directives Web site
https://www.surfor.navy.mil/directives/default.aspx

COMNAVSURFOR GREEN "H" NOMINATION FORM

| 2. Calendar Year: | | | | | | ATION FOR | IAI | | | | | |
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| 3. Health Program Coordinator (HPC): 6. HPC E-Mail Address: 7. HPC Phone #: 8. HPC Fax #: 9. Does command have a Health | | | QUESTING C | OMMAN | ID INFO | RMATION | | | | | | |
| SECTION TWO - COMMAND SUPPORT 9a. Does command have a Health Promotion Instruction/SOP: | 1. Comman | 1. Command: 2. Calendar Year: | | | | | | | | | | |
| SECTION TWO - COMMAND SUPPORT 9a. Does command have a Health Promotion Instruction(SOP: | 3. Health P | rogram (| Coordinator (| HPC): | | | | | 4. Hull No./Shore: 5. Total C | | 5. Total Crew: | |
| 9a. Does command have a Health Promotion InstructionSOP: | 6. HPC E-M | ail Addr | ess: | | | | | 7. HPC Phone #: | | 8. HPC Fax | (# : | |
| 9a. Does command have a Health Promotion InstructionSOP: | SECTION TO | WO - CO | MMAND SUP | PORT | | | | | | | | |
| Promotion Instruction/SOP: | | | | | Yes | No | | 9h Submitted: | | | | |
| If yes list formal training attended and submit copy of certification: | | | | | | | | ob. Gubiiiittea. | | | | |
| 10a. Does command have a Health | | | | ded and | submit | t copy of certing | ficatio | on: | | | | |
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| # Promotion Committee: | 10a Daga | | d baye a Usa | طاءا | Vaa | No. | | 10h Cubmitted | | | | |
| If yes list members and any certifications they hold: Name: | | | | ıtn | res | 1 111 | | 10b. Submitted: | | | | |
| Name: Certification: Name: Certification: | | | | ertificat | ions the | | | | | | | |
| SECTION THREE – MISSION STATEMENT 11. Mission Statement: (should reflect the unit's mission) SECTION FOUR – NEEDS ASSESSMENT/PHYSICAL HEALTH ASSESSMENT (PHA) (Submit copy of assessment used other than PHA) 12. Assessment method/tool: 13. Number of crew with complete assessments: SECTION FIVE – COMMAND GOALS BASED ON NEEDS ASSESSMENT AND PHA Focus Area: Goal: Strategy to achieve goal: Outcome or change: How is goal measured: How is goal measured: SECTION SIX – EVALUATION PLAN Objective: How/source of data: When: Who is/was responsible: Progress: SECTION SEVEN – PHYSICAL READINESS SECTION SEVEN – PHYSICAL READINESS Number of Out of Standards: Total: Crew Percentage: SECTION EIGHT – WELLNESS PROGRAMS (Submit a minimum of one form of documentation that was used to educate or counsel crew for each program) Program Yes No Program Yes No Program Yes No Program Yes No Program Yes No Anger/Stress Management: Pastoral Care Services: | | | o and any o | <u> </u> | | | | Name: | Certification: | | | |
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| Suicide Awareness/Prevention: Tobacco Cessation: Type of Program: # of participants: # of successes: SECTION NINE – BEST PRACTICE | 7. | | | | | | | | | | | |
| Tobacco Cessation: | | | | | | Injury Prevention: | | | | | | |
| Type of Program: # of participants: # of successes: SECTION NINE - BEST PRACTICE | | | | | | | Mens/Womens Health: | | | | | |
| SECTION NINE – BEST PRACTICE | Tobacco Ce | ssation: | | | | | | | | | | |
| | Type of Pro | gram: | # of partic | ipants: | # of successes: | | | | | | | |
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| Describe a specific program your command has in place that could be instituted fleet wide | SECTION N | INE – BE | ST PRACTIC | Έ | | | | | | | | |
| | Describe a | specific | program you | r comm | and has | in place that | could | d be instituted fleet wide | | | | |
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COMNAVSURFOR GREEN "H" NOMINATION FORM

COMNAVSURFOR GREEN "H" NOMINATION FORM INSTRUCTIONS

| Instructions for completion: | | |
|---|---|---------------|
| Instructions for completion: The award package submitted should reflect programs and activities for the time period of January 1 - December 31. A total of 71 p | ooints are possible. | TOTAL |
| SECTION | <u>POINTS</u> | <u>POINTS</u> |
| SECTION ONE - REQUESTING COMMAND INFORMATION | 1 Point | |
| SECTION TWO – COMMAND SUPPORT: Command Support Section: Complete each section and include the following enclosures: | | 10 Points |
| Copy of Command HP SOP/Instruction Copy of Command HCP training certificate Copy of Command HCP training certificate | 5 Points (parts 1-3) | |
| Copy of HP committee members certifications (i.e. tobacco facilitator, CFC, DAPA, Ship/Shape coordinator) (Committee members not required to be certified, but certification is highly recommended) HP Minutes: Provide general meeting information discussed. May provide copies | 5 Points | |
| of e-mail strings if other sources of communication were used. | | |
| SECTION THREE – MISSION STATEMENT: Mission Statement: Identifies a clear purpose for the program and is the basis for planning and decision making (i.e. To promote healthy lifestyle choices and changes, improving moral and quality of life for our Sailors, etc.). Mission statement should mirror that of the ship's mission. | | 5 Points |
| SECTION FOUR – NEEDS ASSESSMENT/PHYSICAL HEALTH ASSESSMENT: Various sources may be sued to acquire data for a Needs Assessment (i.e. surveys, focus groups, medical records, PRIMS, NEHC and DOD surveys, etc.) Please submit a copy of the source used to gather data and include conclusions drawn from the process, how results were reported, and how the results were used to develop your program. | | 15 Points |
| PHA Score of 100% PHA Score of 96% - 99% PHA Score of 90% - 95% PHA Score of 85% – 89% PHA Scores below 84% | 10 Points 8 Points 6 Points 4 Points 0 Points | |
| Use of any additional surveys in conjunction with PHA | 5 Points | |
| SECTION FIVE – COMMAND GOALS BASED ON NEEDS ASSESSMENT AND PHA | | 10 Points |
| Focus Area: HP areas command chooses to focus on for the year, should correlate with your Needs Assessment. (Must have at least 3 focus areas.) Goal: Should be general and non-measurable about the program expectations. Strategy: States the activity that must occur for desired outcome to be achieved. Outcome: State the expected change that will result from implementing the HP program. Measurable Goal: These are written by the following format: By (when), (who) will (do what) as evidenced by (how you will know). | | |
| SECTION SIX – EVALUATION PLAN | | 10 Points |
| Objective: State the objectives of your focus areas How/Source of Data: What source did you use or how did you determine the outcome of your objectives. When: When did you evaluate the Programs? (i.e. the PFA program was evaluated in PRIMS with the spring and fall PFA results.) Who is Responsible: Who was in charge of managing this objective? Progress in reaching goal: After your most recent evaluation of the program, how close were you to your goal? | | |
| SECTION SEVEN – PHYSICAL READINESS: Results from annual PFA cycles (Operational commitment will result in reduction of points in this section.) | | 5 Points |
| SECTION EIGHT – WELLNESS PROGRAMS: Must be operating at least 8 of the 10 programs. Submit documentation showing how you educate/counsel, or train for each program you operate. These may be in the form of POW notes, flyers, pictures or descriptions clearly defining how this program has been implemented at your command (Visual aids are HIGHLY recommended). | | 10 points |
| SECTION NINE – BEST PRACTICE: A detailed description of what your command does that could benefit other ships and commands in the military. Your best practice should be something unique that has not been implemented under other programs (i.e. PT being conducted three times a week or Division in the Spot Light). | | 5 Points |
| | | |

COMNAVSURFOR GREEN "H" NOMINATION FORM INSTRUCTIONS